

10/542349

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50		/	/	/		
TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	13	←	12	←		←
TOTAL CLAIMS	16		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						